

Medical Benefits

Administered by Kaiser Permanente and Aetna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the City of Englewood. See the Company Corner on the Marketplace for details regarding our medical plans.

City of Englewood offers you a choice of medical plans designed to suit your own individual or family needs.

Medical Benefits

	Kaiser DHMO Choice Plus Network	Aetna Whole Health Network (Front Range Area Only)	Kaiser HDHP/HSA	Aetna HDHP/HSA (In-Network)	Aetna HDHP/HSA (Non-Network)
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible (Embedded – All Plans)	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$2,600 Individual \$5,200 Family	\$2,600 Individual \$5,200 Family	\$5,250 Individual \$10,500 Family
City Contribution to HSA	N/A	N/A	Dollar for Dollar match up to \$1,300/yr (\$50 per pay period)		
Calendar Year Out-of-Pocket Maximum (Includes Copays, Deductibles, and Coinsurance)	\$1,750 Individual \$3,500 Family	\$1,750 Individual \$3,500 Family	\$2,600 Individual \$5,200 Family	\$2,600 Individual \$5,200 Family	\$8,000 Individual \$16,000 Family
Coinsurance	Plan Pays 90%	Plan Pays 90%	Plan Pays 100%	Plan Pays 100%	Plan Pays 70%
PCP Office Visits	\$30 Copay	\$30 Copay	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Specialist Office Visit	\$40 Copay	\$40 Copay	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Prenatal Care	Deductible/ Coinsurance	Plan Pays 100%	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Chiropractic Care	\$30 Copay Up To 20 Visits	\$30 Copay Up to 20 Visits	Plan Pays 100% After Deductible Up to 20 Visits	Plan Pays 100% After Deductible Up to 20 Visits (Combined with Non-Network)	Deductible/ Coinsurance Up to 20 Visits (Combined with In-Network)
Preventive Care	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Deductible/ Coinsurance
Laboratory	Plan Pays 100% (at KP Medical Office or in a Contracted Free-Standing Facility)	Plan Pays 100%	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
X-Ray	Deductible/ Coinsurance	Deductible/ Coinsurance	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Complex Imaging (MRI/CT/PET/ Nuclear Medicine)	Deductible/ Coinsurance	Deductible/ Coinsurance	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Retail— Generic Drug 30-day supply	\$20 Copay	\$20 Copay	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Retail— Formulary/Preferred Brand Name Drug 30-day supply	\$40 Copay	\$40 Copay	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Retail— Non-Formulary/ Non-Preferred Brand Name Drug 30-day supply	Not Covered	\$70 Copay	Not Covered	Plan Pays 100% After Deductible	Deductible/ Coinsurance